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Mission Statement

The goal of the Prevent Abuse and Neglect through Awareness (**P.A.N.D.A.**) Coalition is to create an atmosphere of understanding in the dental community that will result in prevention of abuse and neglect through early identification and appropriate intervention for those who have been abused or neglected.

What is the P.A.N.D.A. Coalition to Prevent Child Abuse and Neglect?

The P.A.N.D.A. Coalition is a public-private partnership committed to educating dental professionals on how to recognize and prevent abuse and neglect.

The P.A.N.D.A. Coalition provides training courses and materials to dental professionals and others about how to prevent cases of abuse and neglect. The Coalition is also committed to providing dental professionals with ways they can assist parents to prevent child abuse and neglect.

The P.A.N.D.A. Coalition represents the dental community's own voluntary effort to prevent abuse and neglect by raising awareness and understanding of both the obligation and procedures of reporting suspected cases of child maltreatment.

The original P.A.N.D.A. Coalition was initiated and sponsored by Delta Dental of Missouri, and is now in place in 42 US states and six international programs.

Members of the Coalition include representatives from the following organizations:

Clark County Health District
Community College of Southern Nevada
Delta Care Dental Plan, Inc.
Nevada Dental Association
Nevada Dental Hygienists' Association
Nevada State Health Division
Nevada Division of Child and Family Services
St. Mary's Foundation
University of Nevada – Las Vegas School of Dental Medicine
Washoe County District Health Department

Why did Nevada adopt the P.A.N.D.A. Coalition?

P.A.N.D.A. Coalition members decided to take action because family violence has been increasing to epidemic proportions in the US. We believe with education dentists will report more cases of suspected child abuse and neglect. Studies indicate that dentists are nearly five times more likely to report suspected cases if they receive appropriate education in this area. We also hope that professionals will work to prevent other forms of family violence including domestic violence and elder abuse and neglect.

Why is the P.A.N.D.A. Coalition educating dental professionals about abuse and neglect?

Dental professionals are in an advantageous position to identify and report abuse. Studies of victims show that 65-75 percent of physical abuse injuries involve trauma to the head, neck and mouth -- areas in which dentists specialize. Moreover, dentists and dental hygienists may be the only healthcare providers to see a patient over an extended period of time. Dentists, because of their relationship with their patients, can assist parents in preventing child abuse and neglect. In addition, the P.A.N.D.A. message is useful for anyone who works with, or cares about children.

What is the role of the Nevada Division of Child and Family Services?

The Division of Child and Family Services' (DCFS) role is to protect children and strengthen the family by providing necessary social services. DCFS is the state agency authorized by law to receive and investigate all reports of suspected child abuse. Every report of child abuse made to DCFS is handled by a qualified social worker.

Mandated reporters have must call as soon as is reasonably practical, but not later than 24 hours of suspecting child abuse or neglect.

Nevada (statewide) Child Abuse/Neglect Hotline: 1-800-992-5757

Clark County Child Abuse/Neglect Hotline: 1-702-399-0081

Washoe County Child Abuse/Neglect Hotline: 1-775-328-2300

Nevada General Laws, Chapter 432B

Protection of Children from Abuse and Neglect

Child Abuse

"(a) Physical or mental injury of a non-accidental nature; (b) sexual abuse or sexual exploitation; or (c) negligent treatment or maltreatment ... of a child caused or allowed by a person responsible for his welfare under circumstances which indicate the child's health or welfare is harmed or threatened with harm." (§432B.020.1)

"Excessive corporal punishment may result in physical or mental injury constituting abuse or neglect ..." (§432B.150)

Child Neglect

"... if a child has been abandoned, is without proper care, control and supervision or lack the subsistence, education, shelter, medical care or other care necessary for the well-being of the child." (§432B.140)

Child

"Child means a person under the age of 18 years." (§432B.040)

Persons responsible for child's welfare

"A person is responsible for a child's welfare under the provisions of this chapter if he is the child's parent, guardian or foster parent, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, or a person directly responsible or serving as a volunteer for or employed in a public or private home, institution, or facility where the child actually resides or is receiving child care outside of his home for a portion of the day." (§432 B 130)

Responsible Agency

Nevada Department of Human Resources, Division of Child and Family Services

Method of Reporting

"A person may make a report...by telephone or.... by any other means of oral written or electronic communication....." (§432 B 230)

Division of Child and Family Services Hotline

The Division of Child and Family Services shall establish and maintain a center with a toll-free telephone number to receive reports of abuse or neglect of child in this state 24 hours a day, 7 days a week. (§432B.200)

Mandated Reporters

"(a) A physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician's assistant, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, advanced emergency medical technician or other person providing medical services licensed or certified in this state; (b) any personnel of a hospital or similar institution engaged in the administration, examination, care or treatment of persons...; (c) a coroner; (d) a clergyman, practitioner of Christian Science or religious healer; (e) a social worker and an administrator, teacher, librarian or counselor of a school; (f) any person who maintains or is employed by a facility or establishment that provides care for children, children's camp, or other public or private facility, institution or agency furnishing care to a child; (g) any person licensed to conduct a foster home; (h) any officer or employee of a law enforcement agency or an adult or juvenile probation officer ...;" (§432 B 220)

Immunity of Reporter

"Immunity from civil or criminal liability extends to every person who in good faith: (a) makes a report [of child abuse or neglect]; (b) conducts an interview or allows an interview to be taken ...; (c) allows or takes photographs or x-rays ...; [under the] presumption that the person acted in good faith." (§432B.160)

Privileged Communication

"Any person required to report ... may not invoke [privileged communication] for failure to report ... cooperating with an agency which provide protective services ..." (§432B.250)

Confidentiality of Reports and Records

Reports made pursuant to this chapter, as well as records concerning these reports and investigations thereof, are confidential. (§432B.280)

Penalty for Violation

Failure to report -- "a misdemeanor" (§432B.240)

Remember!

Reporting is not an accusation;
it is a call for help.

Dr. Lynn Mouden

BE ON THE LOOKOUT FOR CHILD ABUSE AND NEGLECT

General Risk Factors for Child Abuse and Neglect

- History of drug or alcohol abuse within the family
- Severe stress - economic, lifestyle, or as a result of disasters
- Lack of a support network or isolation (e.g. single parent families; few close friends; no relatives nearby; geographic isolation; inability to, or fear of, interacting with neighbors)
- Other forms of family violence within the home (spousal or partner abuse, abuse or neglect of elders)
- History of a parent having been abused as a child

Warning Signs

- Repeated injuries, or injuries in various stages of healing
- Inappropriate behavior
- Neglected appearance or hygiene
- Parents that are extremely strict or super-critical of the child

Some Conditions That May Mimic Abuse

- Accidental injuries, typically in similar stages of healing
- Birthmarks: Do not heal and disappear, although they may fade after many years
- Bullous impetigo: Staph or strep infections that respond to antibiotic regimens

Conditions That May Mimic Abuse, cont.

- Folk medicine remedies, such as cupping, coin rubbing, or moxibustion, most common in families of Southeast Asian or Central American heritage
- "Port-wine stains" typical of Sturge-Weber Syndrome: Do not change or disappear
- Slate-gray spots of infancy (formerly "Mongolian spots"): Fade gradually over several years
- Epidermolysis bullosa, an auto-immune disease
- Idiopathic thrombocytopenia purpura, may cause large contusions due to little or no injury
- Hemophilia - clotting disorders with possible subcutaneous hemorrhage, often around joints
- Ehlers-Danlos Syndrome - congenital disorder resulting in improper collagen formation
- Menke's Syndrome - genetic disorder of copper metabolism resulting in friable hair

This listing is not meant to be all-inclusive, but is designed as a general guideline to the proper identification of child abuse or neglect. Clinicians are encouraged to seek additional information that will lead to proper diagnosis of suspected abuse or neglect. © **Lynn Douglas Mouden, DDS, MPH, FICD, FACD**

Physical and Behavioral Indicators of Child Abuse and Neglect
 Lynn Douglas Mouden, DDS, MPH, FICD, FACD – 501-661-2595 December 1992
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Type of CA/N	Physical Indicators	Behavioral Indicators
Physical Abuse	<p>Unexplained Bruises and Welts:</p> <ul style="list-style-type: none"> • face, lips, mouth • torso, back, buttocks, thighs • various stages of healing • clustered, regular patterns • reflecting shape of article used to inflict (e.g. buckle) • on several different areas • regular appearance after absence, weekend, vacation <p>Unexplained Burns:</p> <ul style="list-style-type: none"> • cigarette, cigar burns, esp. on soles, palms, back, buttocks • immersion burns (sock or glove-like, circular, on buttocks or genitalia) • patterned: electric burner, iron • rope burns on arms, legs, or torso <p>Unexplained Fractures:</p> <ul style="list-style-type: none"> • skull, nose, facial structures • in various stages of healing • multiple or spiral fractures <p>Unexplained Laceration or Abrasion:</p> <ul style="list-style-type: none"> • to mouth, lips, gingiva, eyes • to external genitalia 	<ul style="list-style-type: none"> • Wary of adult contacts • Apprehensive when others cry • Behavioral extremes: <ul style="list-style-type: none"> • aggressive • withdrawn • Frightened of parents • Afraid to go home • Reports injury by parents
Physical Neglect	<ul style="list-style-type: none"> • Constant hunger, poor hygiene, inappropriate dress • Consistent lack of supervision, esp., in dangerous situations or for long periods • Unattended physical problems or medical/dental needs • Abandonment 	<ul style="list-style-type: none"> • Begging, stealing food • Extended stays at school, early arrival, late departure • Constant fatigue, falling asleep in class • Alcohol or drug abuse • Delinquency (e.g. thefts) • Says there is no caretaker
Sexual Abuse	<ul style="list-style-type: none"> • Difficulty in walking or sitting • Torn, stained, bloody underwear • Pain or itching in genital area • Bruises or bleeding or external genitalia, vaginal, or anal areas • Venereal disease, esp. in pre-teen • Pregnancy 	<ul style="list-style-type: none"> • Unwilling to change for PE • Withdrawal, fantasy or infantile behavior • Bizarre, sophisticated sexual knowledge or behavior • Poor peer relationship • Delinquency; runaways • reports sexual assault by caretaker
Emotional Maltreatment	<ul style="list-style-type: none"> • Speech disorders • Lags in physical development • Failure to thrive 	<ul style="list-style-type: none"> • Habit disorders (sucking, biting, rocking, etc.) • Conduct disorders (antisocial, destructive) • Neurotic traits (sleep disorders, inhibited play) • Psychoneurotic behaviors (hysteria, phobia, obsession, compulsion, hypochondria) • Behavior extremes: <ul style="list-style-type: none"> • Compliant, passive • Aggressive, demanding • Overly adaptive behavior: <ul style="list-style-type: none"> • Inappropriately adult • Inappropriately infantile • Developmental lags (physical or mental) • Attempted suicide

CLINICAL PROTOCOL FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

Steps in Identification of Suspected Child Abuse or Neglect

1. **General physical assessment of the child.** Although general physical examinations may not be appropriate in the dental setting, be aware of obvious physical traits that may indicate abuse or neglect (e.g. difficulty in walking or sitting, physical signs that may be consistent with the use of force).
2. **Behavior assessment.** Judge the child's behavior against the demeanor of children of similar maturity in similar situations.
3. **Health histories.** If you suspect child maltreatment, it can be useful to obtain more than one history, one from the child and one separately from the adult.
4. **Oral-facial examination.** Look for signs of violence, such as multiple injuries or bruises, injuries in different stages of healing, or oral signs of sexually transmitted diseases.
5. **Consultation.** If indicated, consult with the child's physician about the child's needs or your suspicions.

Steps in Reporting Suspected Child Abuse or Neglect

1. **Documentation.** Carefully document any findings of suspected abuse or neglect in the patient's record.
2. **Witness.** Have another individual witness the examination, note and co-sign the records concerning suspected child abuse or neglect.
3. **Report.** Call the appropriate Reporting Point of Contact (RPOC) or the Military Police, consistent with facility regulations. Make the report as soon as possible without compromising the child's immediate needs for care.

4. **Necessary Information.** The Nevada (statewide) telephone number for reporting is **1-800-992-5757.**

When you telephone to make a report of possible child abuse or neglect, you may be asked to call a regional number for your specific area.

You will be asked to provide the following information:

1. The name, address age and sex of the child;
2. The name and address of the child's parents or other person responsible for the child's care;
3. The nature and extent of the abuse or neglect of the child;
4. Any evidence of previously known or suspected abuse or neglect of the child or the child's siblings;
5. The name, address and relationship, if known, of the person who is alleged to have abused or neglected the child; and
6. Any other information known to the person making the report that the agency which provides protective services considers necessary.

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Dating of Bruises

AGE	COLOR
0-2 days	Swollen, tender, red
0-5 days	Red, blue, purple
5-7 days	Green
7-10 days	Yellow
10-14 days	Brown
2-4 weeks	Cleared

This is a general guide, bruising may vary depending on the person and the site of the injury.

If you are interested in further information about PANDA, or would like to schedule a class, please contact:

Laurie Nickles, MS, RDH
Oral Health Educator
Nevada State Health Division
3427 Goni Road, Suite 108
Carson City, NV 89706
(775) 684-4251

Related web sites:

<http://health2k.state.nv.us/oral/>

<http://nccanch.acf.hhs.gov/topics/prevention/>

<http://www.modental.org/FortheDentist/PreventAbuse.aspx>